

2016 MICHIGAN Pension Continuation Schedule

INSTRUCTIONS: Complete this form if you have income from more than ten (10) retirement and pension benefits. This is a continuation of the Michigan Pension Schedule (Form 4884), Part 2, line 7. Do not enter Social Security, military or railroad retirement benefits here (see Schedule 1).

Type or print in blue or black ink. Print numbers like this: *0123456789* - NOT like this: *Ø 1 4 7*

Attachment 24

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789) — —
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. Retirement and pension benefits. List all additional benefits that apply for filer (and spouse if filing jointly) including benefits from a deceased spouse.

A	B	C	D	E	F
Enter "X" for Private or Public	Enter "X" for Deceased Spouse	Payer FEIN (from 1099-R) (Example: 38-1234567) (see instructions)	Distribution Code	Name of Payer	Pension Amount Included in AGI
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00
					00

You must also attach a completed MI-1040, Schedule 1 and Form 4884 when filing this form.